CAMPAIGN FINANCIAL DISCLOSURE REPORTRECEIVED

SUMMARY PAGE

(Please Print or Type)

2002 OCT 29 PM 3: 26

Section I	Office Sought (if candidate)	District (if any)
Name of candidate or Political Committee and Chairperson	CIERKADA COM	Could's
Appling Address City and Zip	Home Phone	Work Phone
1820 W KIVERSIDE DR. BOISE 83703	853-1709	287-6888
Name of Political Treasurer Ramon 154R5A		
Mailing Address / City and Zip	Home Phone	Work Phone
619 UNION STREET BOISE 83702	342-2486	287-6986
Section II Directions: To indicate the type of report being filed, fill in the appropriate dates and check the appropriate box(es). See the instructional manual for reporting periods and due dates. This report is for the period from		
☐ 7 Day Pre-Primary Report ☐ 7 Day Pre-General Report	Quarterly (April 30) (Only filed by Ballot	Measure Committees)
☐ 30 Day Post-Primary Report ☐ 30 Day Post-General Report	☐ Ouarterly (July 30)	
(Only filed by Ballot Measure Committees)		
October 10 Pre-General Report		
is this Report an antendment: 2 165	LONG OD EVDENDITURES	
Is this Report an amendment? The STATEMENT OF NO CONTRIBUTIONS OR EXPENDITURES Section III Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill Directions: If you have no contributions or expenditures during this reporting period, check the box next to the statement below, fill the period of the period		
Directions: If you have no contributions or expenditures during this report in the appropriate dates and sign this report. Be sure to carry forward the a	ppropriate "Calendar Year To	Date" figures in Column 11,
section IV.		at married
Thereby certify that I have received no contributions and have n	nade no expenditures during thi	s reporting period
from /through	·	
SUMMAR	Y	
Section IV SUMMAR' Section IV Summar To Date figure: Add this report's Column I	COLUMNI	COLUMN II
Section IV To reach your Calendar Year To Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).	COLUMN I This Period	COLUMN II Calendar Year To Date
Section IV To reach your Calendar Year To Date figure: Add this report's Column I figures to the Column II figures of your previous report (except on line 6).	COLUMN I This Period \$ 1526.45	COLUMN II Calendar Year To Date \$ 1526.45
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